

certain causes of sterility which may sometimes be remedied. The conformation, direction, extreme softness, or induration of the neck of the uterus, are sometimes the sole cause of conception not taking place. M. S. cites some cases of sterility, resulting from the above causes, successfully treated.

A young woman who had been married for several years, and was in the utmost distress, was examined by M. S. He found that the os uteri was turned towards the coecyx, and he attributed her sterility to this cause. Various measures were tried to remedy it, but without success, when an accident accomplished what was desired. She fell from a horse, and either from the shock or the long confinement which was rendered necessary by her injuries, the position of the os uteri was corrected. This fact being ascertained by M. S., he advised the lady's husband to have connexion with her at her menstrual period, and conception took place.

In another female the neck of the uterus was soft and insensible, and M. S. ascribed her sterility to this condition of the parts. He prescribed tonic injections, and, as the patient was of an ardent temperament, he recommended, for some time, complete continence. After this treatment had been continued for some months, she received again her husband, and in due time became a mother.

In a third the neck of the uterus was extremely rigid. Emollient baths and injections, with frictions to the neck of the uterus with extract of belladonna, remedied this state of the uterus, and the patient soon afterwards became pregnant.

M. Serrurier thinks that conception usually takes place during, or immediately after, the menstrual period, and he advises connexion at this time, after a certain period of abstinence.

Dupuytren relieved a woman who had been married twelve years without having conceived, by dissecting away the extremity of the neck of the uterus, which had a fleshy prolongation, with a wrong disposition of the os uteri.—*Journ. de Méd. et de Chirurg. Pratiques*, Nov. 1837.

26. *Method of treating Intermittent Fevers, in the Infirmary of Clinical Medicine of the Surgical School of Lisbon.* By Prof. LIMA LEITAO.—Ague is of very frequent occurrence among the labourers in the flooded or marshy grounds bordering on the Tagus. The following divisions comprise the varieties observed: 1st. intermittents proceeding from gastro-duodenal phlogosis; 2nd. those arising from inflammation of the liver; of the spleen, or both conjointly; 3d. such as proceed from phlogosis embracing simultaneously, wholly or in part, the gastro-duodenal mucous lining, the liver, and the spleen; 4th. intermittents not arising from inflammation.

1. The symptoms of the cases referred to the first division are thus described. If, during the intermission, the following phenomena are observed—redness of the margin of the tongue, with a white or slightly yellow coating on its surface; more or less thirst; an obscure feeling of pain or weight in the epigastrium, even when pressure is not applied; a sense of heat in the urethra and rectum in passing urine and feces; nausea, or vomiting of mucous or bilious matter; a pulse without being decidedly febrile, yet not that of health; then, according to the author, there exists inflammation of the mucous membrane of the stomach, duodenum, or both. This form of the disease Dr. L. has observed exclusively in persons of the sanguineous, or bilio-sanguineous temperament; of youthful and adult age; of a constitution not yet broken-down, and in first attacks of ague. He does not remember to have observed it in the quartans of Portugal; but only in quotidian, and double and single tertians. For its cure he recommends, repose in bed; a diet of light broth; beverage lightly acid and edulcorated (*agridece*) or mucilaginous, according to the taste of the patient, taken tepid; and emollient *enemata*. After the second paroxysm, or after twenty-four hours' repose in the hospital, whatsoever number of paroxysms besides the second may have occurred prior to the patient's admission there, leeches are applied to the epigastrium, followed by poultices. The number of leeches is proportioned to the age of the patient, twenty-four being the mean number. Dr. L. thinks the paroxysm the most suitable period for their application. Should the symptoms above described have disappeared in the apyrexia next ensuing, but should the paroxysm follow with the same or nearly the same intensity, a grain of the sul-

phate of quinine is given every three hours, every two hours or every hour (according to the type of the disease) during the intermission. After each dose of the medicine Dr. L. gives some mild mucilaginous or sugared beverage, and very little other sustenance is taken. It is important that the apyrexia be perfect, and that the indications of local affection have ceased before administering the sulphate of quinine, otherwise there is risk of converting the disease into the remittent or continued form.

Should the inflammation resist the first application of leeches, they must be repeated a second or even a third time, till it is removed. If the paroxysm does not recur after the application of the leeches, or if it be much diminished in intensity and later in coming on, no sulphate of quinine is administered; and, in the latter case, it is observed, that after one or two fits more and more slight, the disease ceases. The author thinks that convalescence is more speedy and relapse less liable to take place in these, as it were, spontaneous recoveries, than where the sulphate is employed.

2. In the second division, comprising cases in which the liver, the spleen, or both conjointly are affected, the author recognises the phlogosis of the liver (should there not be enlargement) by obtuse pain, heat, and tension, increased by pressure; yellow tinge of the face and eye; yellowish furred tongue; bilious vomiting and dejections, &c. When the liver is enlarged, the local symptoms are referred to the left lobe. If the spleen suffers, it presents analogous local symptoms: both organs are often simultaneously affected. The remedies of this form of the disease are the same as those of the preceding, with this difference, that general blood-letting is found more serviceable than leeches, or, at least, should precede their employment. Two bleedings of eight ounces each are generally sufficient. Dr. L. has seen intermittents of this division and of all types, yield to depletion alone by general followed by local blood-letting; and this successful result from depletion solely has been more manifest in the diseases of this than the preceding division.

3. The third division, comprising intermittents connected with inflammation of the gastro-duodenal lining, and of the liver and spleen conjointly, is marked by a combination of the symptoms of each of the preceding diseases. The malignant intermittents, observed by the author in eastern Africa, belonged to this class. The treatment consists of the methods employed for the other two divisions combined, that is bleeding, general and local, excepting in nervous temperaments, when he has recourse only to the latter. He thinks this kind of case very suitable for the endermic method of employing sulphate of quinine. In the malignant intermittents of eastern Africa, he derived much advantage from frictions of tincture of bark, and from sprinkling blistered surfaces with powdered bark and camphor.

4. The fourth division, consisting of cases unattended with local inflammation, he treats as he does those of the preceding, except that bleeding is omitted.

The author subsequently gives a practical commentary on the 59th aphorism of the 4th section of Hippocrates, "*tertiana exacta in septem circuitibus ad summum judicatur.*" Having tried its truth, he found the patient, solely from the influence of low diet and repose, escape the seventh paroxysm in some cases and the eighth in others. The examples in which this fortunate result took place, belonged principally to his fourth division; but a proportion of them to his first, or that comprising the complications with gastro-duodenal inflammation. These spontaneous recoveries, wheresoever they occur, Dr. Leitao regards as the most favourable, the general health being the least disturbed, convalescence most prompt, and relapse very rare.—*B. and F. Med. Rev. from Jornal da Sociedade das Sciencias de Lisbon*, Feb., Apr., 1836.

27. *New method of curing Stammering.*—Dr. VOISIN was afflicted with an impediment in his speech, for the cure of which he tried every plan, but without success. Finally, chance led him to the discovery of a method which he has adopted with advantage. He was reading a paper before a society, and wishing to do so with some energy, he happened to look in a mirror which was opposite him, and perceived that he rested the border of his right hand upon his chin, in a manner so as to depress the inferior maxilla and hold the mouth half open. The idea immediately suggested itself that this instinctive and mechanical movement